

09-01-06

PART B - FEE(S) TRANSMITTAL



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31625 7590 06/07/2006

BAKER BOTTS L.L.P.
PATENT DEPARTMENT
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AUSTIN, TX 78701-4039

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<i>Michael Glusoff</i>	(Depositor's name)
<i>M. Glusoff</i>	(Signature)
8/31/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/788,815 02/27/2004

Gordon Ma

068736 0230 7854

09/05/2006 EAYALEW2 00000008 10788815

TITLE OF INVENTION: LD莫斯 TRANSISTOR

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP
03 FC:8001	9.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CUONG QUANG	2811	257-341000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Baker Botts L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Infineon Technologies AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2148 (enclose an extra copy of this form).

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Authorized Signature Michelle M. LeCointe

Date August 31, 2006

Typed or printed name Michelle M. LeCointe

Registration No. 46,861

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